



Application Data Sheet

Application Information

Application Number::	10/696,041
Filing Date::	10/29/2003
Application Type::	Regular
Subject Matter::	Utility
Title Line One::	SIMPLIFIED ONE-HANDED
Title Line Two::	PREEMPTIVE MEDICAL PROCEDURE
Title Line Three::	SITE DRESSING TO PREVENT
Title Line Four::	SHARPS INJURIES AND EXPOSURE
Title Line Five::	TO BLOODBORNE PATHOGENS
Attorney Docket Number::	ZM244/03001
Small Entity?::	Yes

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	Joel
Middle Name::	S.
Family Name::	Rossen
City of Residence::	Tamarac
State or Province of Residence::	Florida
Country of Residence::	US
Street of mailing address::	7881 NW 90 th Avenue
City of mailing address::	Tamarac
State or Province of mailing address::	Florida
Country of mailing address::	US
Postal or Zip Code of mailing address::	33321

Correspondence Information

Correspondence Customer Number::	27868
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Representative Information

Representative Customer Number::	27868
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Domestic Priority Information

Application::

Continuity Type::

Continuity Type::

Parent Application::

Parent Filing Date::

This Application

is an application claiming the benefit
under 35 USC 119(e)

60/422,292

10/30/02

Application::

Continuity Type::

Continuity Type::

Parent Application::

Parent Filing Date::

This Application

is an application claiming the benefit
under 35 USC 119(e)

60/499,118

08/29/03